ADVANCING PARTNERS & COMMUNITIES

COUNTRY PROFILE: SENEGAL

SENEGAL COMMUNITY HEALTH PROGRAMS
DECEMBER 2013

USAID FROM THE AMERICAN PEOPLE

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Advancing Partners & Communities
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JSI RESEARCH & TRAINING INSTITUTE, INC.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@advancingpartners.org
Web: advancingpartners.org

COUNTRY PROFILE*

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* Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

TABLE OF CONTENTS

ACRONYMS

ACT	artemisinin-based combination therapy
AIDS	acquired immunodeficiency syndrome
ASBC	community-based health agents/agentes de services à base communautaires
ASC	community health agents/agents de santé communautaire
CHW	community health workers
DMPA	injectable contraceptive Depo-Provera
FAM	fertility awareness methods
FGC	female genital cutting
FP	family planning
HIV	human immunodeficiency virus
iCCM	integrated community case management
ICP	health post manager/l'infirmier chef du poste de santé
IEC	information, education, and communication
IM	intramuscular
INGO	international nongovernmental organization
IRS	indoor residual spraying
IUD	intrauterine devices
LAM	lactational amenorrhea method
MCH	maternal and child health
MNCH	maternal, newborn, and child health
MOHSA	Ministry of Health and Social Action
MSI	Marie Stopes International
NGO	nongovernmental organization
ORS	oral rehydration solution
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
PSC	Community Health Project/Programme de Santé Communautaire
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
UNFPA	United Nations Population Fund
VCT	voluntary counseling and testing (HIV)

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)? *Please list all that you are aware of.* **If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.*	Traditionally, community health services in Senegal have been implemented through **health huts (case de santé)**. Communities themselves are meant to manage the health huts, although NGOs and donors have a history of supporting them. They are now well-linked to the government health system through the recently established Community Health Unit within the Ministry of Health and Social Action (MOHSA). Health huts receive significant support from several international nongovernmental organizations (INGOs) and donors. The **Community Health Project/Programme de Santé Communautaire (PSC)** supports the expansion of health huts through a network of NGOs[1]. The United Nations Population Fund (UNFPA) has also provided technical and financial support to the MOHSA to supplement the health cadres at the community level.
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	Health huts were developed in villages beginning in the 1970s.

[1] Such as ChildFund and their partners Africare, Plan, World Vision, Catholic Relief Services, and two Senegalese partners.

3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? *Please note specific districts/regions, if known.*	The health huts program operates nationwide. The PSC operates nationwide in all 14 Regions, 71 of 75 districts and 4,214 health huts/outreach sites. Most supported health huts are in rural areas, though some are located in urban areas.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	The health hut program is being scaled up by INGOs. Scale-up plans include offering family planning (FP) at the community level, specifically the distribution of pills and injectables (both intramuscular (IM) and Sayana® Press).
5	Please list the health services delivered by community health workers (CHWs[2]) under this program. Are these services part of a defined package? Do these services vary by region?	There are three packages of services offered at health huts through the PSC: 1. The **minimum package of services** provides neonatal and perinatal care, 10 services targeting infants, 26 services targeting children, and 27 services targeting mothers. 2. The **specific package of services** provides the management of pneumonia with cotrimoxazole; management of neglected tropical diseases, specifically schistosomiasis, lymphatic filariasis, and trachoma; prevention of female genital cutting (FGC); iron fortification of flour; indoor residual spraying (IRS) promotion; awareness raising and support; and initial offer of oral contraceptive pills in health huts. 3. Lastly, health services currently in the pilot phase include the community-based delivery of misoprostol; community-based delivery of subcutaneous injectable contraceptive Depo-Provera (DMPA) (Sayana Press); community-based delivery of intramuscular DMPA; and integrated community case management (iCCM) quality improvement.
6	Are FP services included in the defined package, if one exists?	Yes, FP is one of the focuses in the community health program (health huts and PSC).
7	Please list the FP services and methods delivered by CHWs.	Health huts provide education and counseling on all methods, referrals for long acting reversible contraceptives and permanent methods; provision of natural methods including lactational amenorrhea method (LAM), standard days method (SDM), and other fertility awareness methods; condoms; pills; and injectables.

[2] The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	Most CHWs are based in the health huts where they provide services. The huts are community run structures. Most are affiliated with higher-level facilities—either health posts or health centers (if there is no health post)—that are officially managed by the government. Very few of the CHW's activities are door-to-door, but this is done in certain areas.

III. COMMUNITY HEALTH WORKERS

<table>
<tr><td>9</td><td>Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.</td><td colspan="5">Yes, services provided at health huts are provided by five cadres of workers:

Matrones provide a variety of health services out of the health hut.

Agents de santé communautaire (ASCs) provide primary care and provide services out of the health hut.

Agentes de services à base communautaires (ASBCs) are a less common cadre who provide door-to-door services.

Relais communautaires work with health huts to provide outreach to the communities they serve.

Badienou gokh (figurative aunts, godmothers, grandmothers) are traditional figures who provide health promotion activities in their communities

There is no hierarchy between the CHWs. Each type plays a specific role and they are complementary. However, matrones and ASCs are the most active cadres, while ASBCs, relais communautaires, and badienou gokhs are more limitedly dispersed throughout the country.</td></tr>
<tr><td>10</td><td>Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?</td><td colspan="5">Yes, tasks differ by cadre of CHW.</td></tr>
<tr><td></td><td></td><td>Matrones

Matrones are static and remain primarily at health huts (and sometimes also at health posts). They are the primary staff responsible for keeping the hut functioning. Matrones are versatile and perform maternal and child health services. Traditionally they were primarily birth attendants.</td><td>ASCs

ASCs provide preventative and primary health care services. They are mostly static and provide services from health huts. Many of the ASC and matrones' responsibilities overlap. Some matrones are also trained as ASCs.</td><td>ASBCs

ASBCs travel to provide services door-to-door. Their services include providing general health information and family planning services.

ASBCs are a smaller cadre and do not work nationwide. They work in Matam, Saint-Louis, Tambacounda, and Kedougou regions with several local NGOs.</td><td>Relais Communautaires

Relais communautaires primarily provide health promotion and information, education, and communication (IEC) services. This cadre of community-based workers was created in 1999 to work where a health hut existed but was not currently functioning.</td><td>Badienou Gokh

Badienou gokh are traditional figures in communities who are trained to promote good maternal and newborn health practices in each village or neighborhood by monitoring specific households. They conduct advocacy with heads of households and community leaders.</td></tr>
</table>

<table>
<tr><td rowspan="2">11</td><td rowspan="2">Total number of CHWs in program?

Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.</td><td>Matrones

There are 114 matrones.</td><td>ASCs

There are 1,650 ASCs.</td><td>ASBCs

Information unavailable</td><td>Relais Communautaires

There are 8,243 relais communautaires working in Senegal.</td><td>Badienou Gokh

There are 7,723 trained badienou gokh.</td></tr>
<tr><td colspan="2">As matrones can also be trained as ASCs, there are 1,839 CHWs trained as both matrones and ASCs.</td></tr>
<tr><td>12</td><td>Criteria for CHWs (e.g. age, gender, education level, etc.)?

Please break this down by cadre, if known.</td><td>Matrones

Matrones must be literate in French; have completed a primary education; be selected by the community; be deemed credible, modest, discreet, available, dynamic, friendly, respectful, open, respectable; have good communication skills; be between the ages of 25-50; and must speak the local language.</td><td>ASCs

ASCs must be literate; be a long-term community resident; be married; between the ages of 20-45 years; be recognized and trusted by the community; and demonstrate an attitude of service to the community.</td><td>ASBCs

ASBCs must live in the community where they work, be literate, be motivated and be selected by the community.

Since ASBCs are operational in only a few communities, these communities determine additional criteria based on their specific needs.</td><td>Relais Communautaires

Relais communautaires must be literate; be a long-term community resident; be married; between the ages of 20-45 years; be recognized and trusted by the community; and demonstrate an attitude of service to the community.</td><td>Badienou Gokh

Badienou gokh must be committed to the role; have the time and energy to give to the volunteer role; be a resident of the community where they will work; be credible, modest, discreet, available, dynamic, friendly, respectful, open, versatile, respectable, and accepted by its community; be a leader member of a women’s group in her community; speak the community’s language; be literate in French, Arabic, or the language most widely spoken in the community; and be able to communicate clearly and persuasively with the community.</td></tr>
</table>

13	How are the CHWs trained? Please note the length, frequency, and requirements of training. *Please break this down by cadre, if known.* *Is any training certification given at the completion of training?*	**Matrones** Matrones receive a theoretical-based training lasting 12 days followed by a practical training lasting 45 days.	**ASCs** ASCs receive a theoretical-based training lasting 12 days followed by a practical training lasting 45 days.	**ASBCs** Information unavailable	**Relais Communautaires** Relais communautaires receive a two-day training on their responsibilities.	**Badienou Gokh** Badienou gokhs receive a four-day training on their responsibilities.
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	There is a basic training for each type of CHW that is provided once, but they all receive refresher training or service-specific training depending on the supporting NGO project that assists their geographic area. These trainings are often disruptive of service delivery. Also, several training curricula are available depending on the various projects and programs, but there is no comprehensive CHW training from the MOHSA.				
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	**Matrones** Matrones attend births, distribute misoprostol, and provide child health, malaria, and family planning services.	**ASCs** ASCs provide preventative and primary health care services including treatment of common ailments, diarrhea, and malaria. Additionally, ASCs provide vaccinations and family planning services. ASCs also lead information and education activities at the community level.	**ASBCs** ASBCs provide general health information and promotion, and family planning services.	**Relais Communautaires** Relais communautaires provide information and education and conduct health promotion outreach activities. They are responsible for reaching households that have not followed up on services provided at health huts.	**Badienou Gokh** Badienou gokhs promote good maternal and newborn health practices by monitoring specific households and conducting advocacy with heads of households and community leaders for maternal, newborn, and child health (MNCH).

16	Please list which family planning services are provided by which cadre(s), as applicable.		**Matrones**	**ASCs**	**ASBCs**	**Relais Communautaires**
		Method counseling	CycleBeads®, condoms, oral pills, injectables, intrauterine devices (IUDs), implants, and permanent methods	CycleBeads, condoms, oral pills, injectables, IUDs, implants, and permanent methods	SDM, condoms, oral pills, injectables, IUDs, implants, and permanent methods	Not applicable
		Referrals	Injectables (where not able to provide), IUDs, implants, and permanent methods	Injectables (where not able to provide), IUDs, implants, and permanent methods	Initial pills, injectables, IUDs, implants, and permanent methods	Not applicable
		Information/ education	CycleBeads, condoms, oral pills, injectables, IUDs, implants, and permanent methods	CycleBeads, condoms, oral pills, injectables, IUDs, implants, and permanent methods	SDM, condoms, oral pills, injectables, IUDs, implants, and permanent methods	Not applicable
		Method provision	CycleBeads, condoms, pills, and injectables (at pilot sites only)	CycleBeads, condoms, pills, and injectables (at pilot sites only)	SDM and resupply of pills	Not applicable

17	Do CHWs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products?	**Matrones** Matrones distribute oxytocin in Uniject™ and misoprostol to prevent postpartum bleeding. In addition, matrones distribute CycleBeads, oral contraceptive pills, injectable contraceptives at pilot sites, oral antibiotics, oral rehydration solution (ORS), zinc, artemisinin-based combination therapy (ACT), and iron-enriched flour.	**ASCs** ASCs distribute CycleBeads, oral contraceptive pills, injectable contraceptives at pilot sites, oral antibiotics, ORS, zinc, ACT, and iron-enriched flour.	**ASBCs** ASBCs distribute oral contraceptive pills to women who need a resupply; ASBCs are currently being trained in distribution of initial supply of pills.	**Relais Communautaires** Relais communautaires do not distribute commodities in the areas they work.	**Badienou Gokh** Badienou gokhs do not distribute commodities in the areas they work.
18	Are CHWs paid, are incentives provided, or are they volunteers? *Are the incentives or pay performance-based?* *Please differentiate by cadre, as applicable.*	Currently, there are no performance-based incentives for all CHWs. However, matrones who work at the health huts do receive some of the revenue collected from service fees and medications by each health hut's health committee. This amounts to a small amount of money (approximately $10 per month), but may serve as motivation for matrones. There is current discussion within the MOHSA about remuneration for CHWs as the first community health policy is being drafted.				
19	Who is responsible for these incentives (MOHSA, NGO, municipality, combination)?	Not applicable				
20	Do CHWs work in urban and/or rural areas?	The majority of CHWs across all five cadres work in rural areas. There are some urban-based CHWs working out of 40 health huts in the Dakar region.				

21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	Yes, the CHWs across all five cadres are residents of the communities in which they work. They are recruited by the communities in collaboration with the health structures to which they are affiliated.	
22	Describe the geographic coverage/catchment area for each CHW.	Matrones, ASCs, ASBCs, and relais communautaires are responsible for providing services to a village area. The badienou gokh catchment area varies and may be a village or as small as a neighborhood.	
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	**Matrones & ASCs** Matrones and ASCs both provide services from a health hut. ASCs may provide some services within the community when necessary.	How do CHWs get to their clients (walk, bike, public transport, etc.)?
24	Describe the CHW role in data collection and monitoring.	CHWs across all five cadres have reporting tools to collect data that is compiled and reported up to health posts.	

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the health huts have a decentralized management system. The levels are: • Regional • District • Peripheral • Health post • Health hut
26	Is the MOHSA responsible for the program, overall?	Yes. The MOHSA has established a community health unit that will define and promote the community health policy in Senegal, which is forthcoming.
27	What level of responsibility do regional, state, or local governments have for the program, if any? *Please note responsibility by level of municipality.*	The communities themselves are responsible for the management of the health huts. Each health hut has a health committee that deals with the administrative and financial management of the health hut. The health huts also fall within health posts' catchment zones. All CHWs are under the responsibility of a health post manager (l'infirmier chef du poste de santé [ICP]). The ICP is charged with monthly supervision duties and community mobilization to organize the citizens around health priorities. ICPs are supervised by district health management teams, who are in turn supervised by regional health management teams. Additionally, health posts are responsible for the data collection and commodity distribution of each health hut. Under the PSC, the community-level health huts are linked to the national health system by way of the district and regional medical teams.
28	What level of responsibility do international and local NGOs have for the program, if any?	The INGOs have a role in technically and financially supporting the development of strategic reference documents and implementation at the operational level.
29	Are CHWs linked to the health system? Please describe the mechanism.	Yes. All five cadres of CHWs are responsible to the health post level, including data collection and receipt and order of commodities. The PSC program is currently working to further link the health hut program to the national health system by creating a stronger connection between health huts and the district and regional health levels.
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	Health post managers supervise CHWs and send those reports on to district supervisors. Under the PSC, the project officers also provide supervision reports. The supervision may be shared between the INGO and the government, but it is not systematic and scheduled.

31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	All CHWs refer to health posts for additional services. In some communities, CHWs refer to mobile clinics operated by Marie Stopes International (MSI).	
32	Where do CHWs refer clients specifically for FP services? *Please note by method.*		**Matrones, ASCs, ASBCs, Relais Communautaires, & Badienou Gokh**
		SDM/fertility awareness methods (FAM)	Health post
		Condoms	Health post
		Oral pills	Health post
		DMPA (IM)	Health post
		Implants	Health post/MSI mobile clinics
		IUDs	Health post/MSI mobile clinics
		Permanent methods	Health post/MSI mobile clinics
		Emergency contraception	Information unavailable
33	Are CHWs linked to other community outreach programs?	Yes, CHWs are linked to the MSI mobile clinics that supply FP methods at community level.	
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	There are CHW coordination meetings organized by the health posts to share information and discuss problems encountered.	
35	What links exist to other institutions (schools, churches, associations, etc.)?	None	
36	Do vertical programs have separate CHWs or "share/integrated"?	All CHW cadres provide integrated services.	
37	Do they have data collection/reporting systems?	Yes. All cadres submit data collection forms to the health post their community is associated with.	

38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOHSA budget/municipal budget/health center user fees/direct user fees).	The health huts program is primarily financed through donor funding. Additionally, many INGOs contribute to the technical and financial support of community-level activities.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	CHWs buy supplies from health posts. In principle, the ICP considers the health huts needs when making orders.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	CHWs are trained in management of waste and prevention of infections. They use waste boxes provided to them through the National Immunization Program.

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? *Please provide a link if available online.*	There is a draft community health policy but it is not yet available. The finalization workshop was held in July 2013 and it is now undergoing the approval process.
42	Is the community health policy integrated within overall health policy?	Yes, the draft community health policy complements the *Plan National de Developpment Sanitaire (PNDS) 2009 - 2018* and incorporates all the priority health areas of the MOHSA.
43	When was the last time the community health policy was updated? (months/years?)	The draft policy is the first community health policy in Senegal.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	The new policy will be applied nationwide. However, the technical and financial support will vary by region.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes, the new policy will specify which cadres will be responsible for which health services. The family planning services to be provided by CHWs are already noted in the *Policies Norms and Standards for Reproductive Health (2010—2012)* and the *Plan d'Action National de Planification Familiale (2012-2015)*.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	Yes, the family planning services to be provided by CHWs are outlined in the *Policies Norms and Standards for Reproductive Health (2010—2012)* and the *Plan d'Action National de Planification Familiale (2012-2015)*. CHWs are allowed to provide condoms, oral pills, and injectables provided that they are trained and supervised. The plan d'action also provides clear guidance by cadre.

VI. INFORMATION SOURCES

CCM Central. 2013. "MCHIP Documentation of Mature National iCCM Programs; the Case of Senegal." Available at www.ccmcentral.com/?q=node/317 (accessed August 2013).

Ennulat, Christine. 2012. "Expanding Community Health Care Access in Senegal." *Child Fund International*. Available at www.childfund.org/Senegal-Community-Health-Grant/ (accessed August 2013).

FHI 360. 2013. *Documentation du Processus de l'Offre Initiale de Pilule (OIP) par les Matrones des Cases de Santé au Sénégal.* fhi360, for the Ministère de la Santé et de la Prévention Division de la Santé de la Reproduction and the U.S. Agency for International Development.

FHI 360. 2013. *Senegal: Pilot Study Shows Community Health Workers Successfully Provide Intramuscular Injectable Contraception.*

MEASURE DHS. 2012. *Senegal: DHS 2010-2011 Fact Sheet (French)*. Available at www.measuredhs.com/publications/publication-GF27-General-Fact-Sheets.cfm (accessed November 2013).

Ministry of Health and Social Action (MOHSA) Community Health Unit staff. Unpublished communication. August 2013.

Republic of Senegal, Ministry of Health and Prevention. 2009. *Plan National de Developpement Sanitaire 2009-2018.* Dakar: Ministry of Helath and Prevention. Available at http://www.sante.gouv.sn/images/stories/pdf/pndsdixhuit.pdf (accessed November 2013).

Republic of Senegal, Ministry of Health and Social Action. n.d. *Plan d'Action National de Planification Familiale 2012-2015.* Ministry of health and Social Action. Available at http://www.fhi360.org/sites/default/files/media/documents/senegal-plan-action-national-planification-familiale-2012-2015.pdf (access November 2013).

Sanogo, Diouratié, Mady Cisse, Médecin-Colonel Adama Ndoye, et al. 2004. *Étude Expérimentale sur l'offre de la Distribution à Base Communautaire des Services de Santé de la Reproduction au Sénégal.* Population Council, for the Ministry of Health, Division of Reproductive Health (DSR); Management Sciences for Health (MSH); Health District of Kébémer.

United Nations Population Fund (UNFPA). 2012. *The Global Programme to Enhance Reproductive Health Commodity Security. Annual Report 2011*.

U.S. Agency for International Development (USAID) Sénégal. 2010. *Offre Initiale de la Pilule Contraceptive Par les Matrones des Cases de Santé.* Conférence National sur les Initiatives à Base Communautaire en SR/PF.

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VII. AT-A-GLANCE GUIDE TO SENEGAL COMMUNITY HEALTH SERVICE PROVISION

Relais communautaires are not included in the service provision tables below, as they provide outreach and follow-up on behalf of the health center for clients already seen, and do not provide specific health services.

Intervention		Matrones				Agentes de Santé Communautaires			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	X	X	X		X	X	X	
	Condoms	X	X	X		X	X	X	
	Oral pills	X	X	X		X	X	X	
	DMPA (IM)	X	X	X (pilot sites only)		X	X	X (pilot sites only)	
	Implants	X	X		X	X	X		X
	IUDs	X	X		X	X	X		X
	Permanent methods	X	X		X	X	X		X
	Emergency contraception								
HIV/AIDS	Voluntary counseling and testing (VCT)								
	Prevention of mother-to-child transmission (PMTCT)								

Maternal and child health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)	X	X	X					
	Antenatal care								
	Postnatal care								
	Zinc	X	X	X		X	X	X	
	ORS	X	X	X		X	X	X	
	Immunizations	X	X	X		X	X	X	
Malaria	Bed nets								
	IRS								
	Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP)								
	ACT	X	X	X		X	X	X	

Intervention		Agentes de Services à Base Communautaires				Relais Communautaires			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	X	X	X					
	Condoms	X	X	X					
	Oral pills	X	X	X (resupply only)	X (initial only)				
	DMPA (IM)	X	X		X				
	Implants	X	X		X				
	IUDs	X	X		X				
	Permanent methods	X	X						
	Emergency Contraception								
HIV/AIDS	VCT								
	PMTCT								
MCH	Misoprostol (for PPH)								
	Antenatal care								
	Postnatal care								
	Zinc								
	ORS								
	Immunizations								

Malaria	Bed nets								
	IRS								
	SP								
	ACT								

Intervention		**Badienou Gokh**			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM				
	Condoms				
	Oral pills				
	DMPA (IM)				
	Implants				
	IUDs				
	Permanent methods				
HIV/AIDS	VCT				
	PMTCT				
Malaria	Bed nets				
	IRS				
	SP				
	ACT for malaria				

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1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Web: advancingpartners.org